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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/558,842			ing Date 18/2007	To be Mailed		
	Al	D – PAF 1)		SMALL	ENTITY 🛛	OTHER THAN OR SMALL ENTITY								
FOR			NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)		
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		ı	N/A		1	N/A			
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		l	N/A		1	N/A			
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A			
	TAL CLAIMS CFR 1.16(i))		minus 20 =				l	x \$ =		OR	x s =			
IND (37	EPENDENT CLAIM CFR 1.16(h))	S	m	inus 3 =			l	x \$ =		1	x \$ =			
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and dra sheets of paper, the appli is \$250 (\$125 for small er additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and			ation size fee due ty) for each tion thereof. See								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))										1				
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		1	TOTAL			
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL ENTITY O			OTHER THAN OR SMALL ENTITY		
AMENDMENT	12/14/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1 16(1))	• 27	Minus	·· 26		= 1	ı	X \$26 =	26	OR	x s =			
	Independent (37 CFR 1.16(h))	• 4	Minus	4		= 0	1	X \$110 =	0	OR	x s =			
	Application Size Fee (37 CFR 1.16(s))									П				
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR				
								TOTAL ADD'L FEE	26	OR	TOTAL ADD'L FEE			
(Column 1) (Column 2) (Column 3)														
L		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
Z.	Total (37 CFR 1,16(i))		Minus	**		=		x \$ =		OR	x \$ =			
AMENDMENT	Independent (37 CFR 1/16(h))		Minus	***				x \$ =		OR	x s =			
핆	Application Size Fee (37 CFR 1.16(s))]				
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR				
										OR	TOTAL ADD'L FEE			
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.													

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